

Rhode Island Department of Environmental Management
2004 Air Pollution Inventory



Petroleum Dry Cleaners

Facility Name: _____

Contact Name: _____

I. Solvent Usage/Waste Generation

Type of solvent used: _____ PETROLEUM _____

Quantity of solvent **used** in 2004: _____ lbs.

Quantity of solvent **purchased** in 2004: _____ lbs.

Amount of waste generated per year:

_____ cartridge filters

_____ lbs. of wet waste/muck

II. Production and Operation

Pounds of clothes dry cleaned in 2004: _____ lbs./yr.

Number of hours per day dry cleaning
machines were operated (avg.): _____ hrs./day

III. Dry Cleaning Equipment

	# of units	Manufacturer	Capacity
washer/extractor	_____	_____	_____
dryer	_____	_____	_____
dryer with recovery	_____	_____	_____
other type:	_____		

Return forms to: Air Pollution Inventory, Office of Air Resources,
235 Promenade Street, Providence, RI 02908-5767

**Rhode Island Department of Environmental Management
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Supplemental Chemical Use Survey



Page ____ of ____

Facility Name

Signature of Person Completing Form

Date

**Note: Report only those substances used at the facility which have not been reported
on the Petroleum Dry Cleaners Form.**

Name of Substance			
Type of Operation			
Starting Inventory* (1/1/2004)			
Amount Purchased in 2004			
Ending Inventory* (12/31/2004)			
Amount Manifested in 2004			
Percent of that manifested waste which was the Regulated Substance*			

*If known

(attach additional sheets if necessary)

Return to: Air Pollution/Toxics Inventory, Office of Air Resources,
235 Promenade Street, Providence, RI 02908-5767

Instructions for Supplemental Chemical Use Survey

Name of Substance - List all Volatile Organic Compounds (VOC) **and** all chemicals listed on the list entitled "Listed Toxic Air Contaminants" (see purple sheet) that were used at and/or emitted from the facility. Provide a CAS number, usually available on your MSDS. **Please note that all miscellaneous volatile organic compounds (VOCs) used in excess of 100 pounds must be reported even if the name is not specifically listed on the Listed Toxic Air Contaminants List.**

Type of Operation - Describe what kind of process each listed substance was used in (for example, degreasing, wipe cleaning, etc.).

Starting Inventory - Report the amount of the substance present on site at the start of the year, if known. State whether the amount is given in pounds or gallons. Please provide data in pounds if possible.

Amount Purchased - Report the amount of the substance purchased in 2004 and indicate whether the number given is in pounds or gallons. Again, provide data in pounds if possible.

Ending Inventory - Report the amount of the substance present on site at the end of the year, if known. State whether the amount is given in pounds or gallons.

Amount Manifested - For each substance used, report the amount of waste material which was removed from your facility for disposal or recovery. Indicate pounds or gallons.

Percent of that manifested waste which was the Regulated Substance - For waste material which was removed from the facility for disposal or recovery, determine the amount that was the regulated substance and not contaminants such as oil or polishing compounds.